

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. / 09/831627 / FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	2	↔	↔	↔	↔	↔
TOTAL CLAIMS	3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.		↔	↔	↔	↔	↔		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS